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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/253,592 11/28/2000  
 and claims benefit of 60/256,839 12/15/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 ✓ my 7-1-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature <i>my</i> Initials <i>my</i>	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 23
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TITLE  
 Compositions and methods for diagnosing or treating psoriasis

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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